| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 155064 | A. BUILDING 00<br>B. WING | 09/22/2011 |

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| F0000 | This visit was for a Recertification and State Licensure Survey.<br><br>Survey Dates: September 19, 20, 21, and 22, 2011<br><br>Facility Number: 000025<br>Provider Number: 155064<br>AIM Number: 100274850<br><br>Survey Team:<br>Tammy Alley RN TC<br>Donna M. Smith RN<br>Toni Maley BSW<br><br>Census Bed Type:<br>SNF: 8<br>SNF/NF: 42<br>Total: 50<br><br>Census Payor Type:<br>Medicare: 8<br>Medicaid: 35<br>Other: 7<br>Total: 50<br><br>Sample: 13<br>Supplemental Sample: 22<br><br>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. | F0000 | By submitting the enclosed information we are not admitting the truth of accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the Plan of Correction be considered our allegation of Compliance to the state findings of the survey completed on 9/22/2011The facility also respectfully requests a DESK REVEIW. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| F0161 SS=B | Quality review 9/23/11 by Suzanne Williams, RN<br>The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.<br>Based on record review and interview, the facility failed to ensure the Surety Bond was in an amount to protect the amount of funds on a daily basis in the Resident Trust Account for 4 of 4 residents reviewed for trust accounts in a sample of 13 (Resident # 37, 38, 45, and 31) and for 19 of 19 residents reviewed for trust accounts in a supplemental sample of 22. (Residents # 101, 15, 7, 8, 9, 10, 11, 40, 44, 47, 50, 27, 33, 34, 35, 14, 15, 17, and 19)<br><br>Findings include:<br><br>The Surety Bond/resident funds was reviewed on 9/21/11 at 1:20 p.m., for Residents # 101, 15, 7, 8, 9, 10, 11, 40, 44, 47, 50, 27, 33, 34, 35, 14, 15, 17, and 19.<br><br>The Surety Bond, dated on April 21, 2011, was for $20,000.<br><br>The monthly bank statements for the Resident Trust Account had an average daily balance greater than $20,000 on: | F0161 | CORRECTIVE ACTION: A new Surety Bond has been requested and received. The amount of the surety Bond has been increase to cover up to $30,000.00.IDENTIFICATION: The Business Office Manager shall be responsible to review the Resident Fund balances at the beginning of the month to assure that the balancei s not greater than that of the surety bond.SYSTEM CHANGE: A Inservice was conducted for the staff of the Business Office. Resident's who have the facility handle their funds will be reviewed each month by a member of the Business Office. MONITORING: The Business Office Manager will review resident funds weekly for 3 weeks, monthly for 3 months and quarterly for three quarters. A reportt will be forwarded to the facility QAA Committee to see any trends are identiifed. If trends are identiifed the QAA Committee wil make further recommendations . and may continue or bring it to resolution. | 10/05/2011 |

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| | August 3, 2011: balance $21,099.74<br>July 1, 2011: balance $26,190.50<br>June 3, 2011: balance $23,331.64<br><br>On 9/21/11 at 2 p.m., during interview, the Business Office Manager indicated she had been monitoring the balance, but had looked at the month ending balance and not the average daily balances.<br><br>3.1-6(i) | | | |
| F0252 SS=C | The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.<br>Based on observation and interview, the facility failed to ensure the facility was clean and in good repair related to soiled carpets, torn and peeling wallpaper, rusted and peeling paint from doors and door frames, soiled walls in the main dining area, and soiled and rusted door, door frame and floor for 1 of 2 shower rooms and holes in walls in 2 resident rooms. This deficient practice had the potential to affect 50 of 50 residents who reside in the building.<br><br>Findings include:<br><br>During the environmental tour with the Maintenance and Housekeeping Director | F0252 | CORRECTION: 1. Contracts have been reviewed and approved.The carpeting in the following rooms 106, 117, 118 120 AND 122 is being removed and will replaced with new flooring as supplies are available and will be installed .2. Contracts have been reviewed and approved. Wall coverings throughout the facility will be removed and the walls will be refinished and painted. 3. The main dining room wall by the entrance to the kitchen has been cleaned. The cove base by the organ and piano have been repaired. The door by the front courtyard has been repaired and repainted.4. Room 130 bathroom door has been repainted. The area identiified under the sink in | 10/05/2011 |

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| | on 9/20/11 at 12:50 p.m., the following was observed:<br><br>1. Soiled Carpeting:<br><br>Room 106: a large area of soiling approximately 1 1/2 foot by 1 1/2 foot area in front of the recliner and scattered darkened stained areas throughout the room ranging from plate to half dollar size.<br><br>Room 117: scattered multiple darkened stained areas throughout the room ranging from plate to half dollar size.<br><br>Room 118: scattered multiple darkened stained areas throughout the room ranging from plate to half dollar size.<br><br>Room 120: scattered multiple darkened stained areas throughout the room greater than half dollar size.<br><br>Room 122: Large area of darkened stained areas approximately 3 foot by 6 inches by the door, plate size between the beds and multiple half dollar size area throughout the room.<br><br>2. Hallway wall paper torn and peeling: Room 138 in hallway by door.<br><br>Between room 237 and fire door. | | the bathroom of room 130 has been repaired. Room 116 has been repainted, Room 236 has been repaired and painted.5. The Shower room on the Walnt have been repaired and repainted. All areas identified on this survey have been added to out Preventative Maintenance Program. IDENTIFICATION: The housekeeper on their respective halls shall have the initial responsibility of identifying areas requiring attention. This information will be placed on work orders and turned into the Supervisor.SYSTEM: The Environmental Supervisor shall be responsible for reviewing daily work orders and completing any repairs to areas identiifed. MONITORING: The Environmental Sevices Director, or designee shall complete weekly round of the facility An audit tool will be utilized to review 25% of rooms every week. Any trends identified will be forwarded to the facility QAA Committee for continued process or they may be discontinued if no further trends are identified after six months. | |

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| | By room 234 on right side of entrance.<br><br>By room 232: 5 inch tear in paper and pulling away form wall.<br><br>Opposite wall of between 228 and 230: 6 areas torn.<br><br>Ancillary office door: 4 inch tear on left of door and 6 inch tear on right of door.<br><br>Beauty shop door: area 1 foot of wallpaper peeling away from wall at cove base.<br><br>Wall between mechanical room door and storage room door: 3 foot area of wallpaper peeling at cove base.<br><br>By kitchen entrance door: 5 foot area pealing at cove base.<br><br>Shower room across from room 103: peeling 2 foot area of wallpaper at cove base.<br><br>3. Main dining room:<br><br>The wall on the left and right side entering the serving area from the chair rail down had splatters of a dark substance, and the wall on the right side enter the kitchen from the dining room 2 | | | |

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| | foot up on the wall form the entry way to the door had a dark brown substance 8 inches to 12 inches in length.<br><br>Cove base pulling away from wall by the exit door by the organ on the right and left side of the door.<br><br>Cove base pulling away from the wall near the piano.<br><br>Door to the front courtyard had peeling paint around the window on the bottom edges, and the base of the door was rusted and cracked the width of the door, and the door frame on the left at the bottom was rusted and broken.<br><br>4. Bathroom and Bedrooms:<br><br>Room 130: outside bathroom door scuffed paint the entire width of the door 1 foot up on the door, and there was a 3 inch hole around the piping under the bathroom sink.<br><br>Room 116: inside of bathroom door had scuffed paint 1 foot up on the door the width of the door.<br><br>Room 236: hole in right closet door tennis ball size, and scuffed paint on the inside of the bathroom door width of door 2 foot up on the door. | | | |

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| | 5. Walnut street shower room:<br><br>The second doorway to the shower room had rust on the door frame at the base and the floor tiles around the shower stall was soiled 1 inch out from the wall.<br><br>During the environmental tour, during interview, the Maintenance and Housekeeping Director indicated he was aware the carpeting in the resident rooms was stained. He indicated they are cleaned but the stains do not stay clean. He also indicated there had been bids for the walls in the hallways to be painted.<br><br>3.1-19(f) | | | |
| F0332 SS=D | The facility must ensure that it is free of medication error rates of five percent or greater.<br>Based on observations, record reviews, and interview, the facility failed to ensure it was free of a medication error rate of 5% or greater during 5 of 40 opportunities observed, for 2 of 6 nursing staff observed and for 3 of 13 residents observed during medication pass. The medication error rate was 12.5 %.<br>(LPN # 1 and #5)<br>(Resident #'s 31, 18, and 37)<br><br>Findings include: | F0332 | CORRECTIVE ACTION:<br>Resident #31 received the Hydralazine 25mg (TID : 6AM, 2PM & 10PM) at 1:30PM which was within the 1 hour timeframe for administration. Resident #31 received the Lamotrigine 100mg (QID 6AM, 12PM, 4PM and 8PM) at 1:20 PM which was not within the timeframe. However, there were no adverse effects and/or side effects from the medications being received 20 minutes late.Resident #18 received their oral inhalant medications without | 10/05/2011 |

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| | 1. On 9/19/11 at 1:14 p.m., medication pass was observed. LPN #1 was observed to prepare Resident #31's oral medications. These oral medications were Hydralazine 25 milligrams (mg) (anti-hypertensive) 1 tablet by mouth 3 times a day scheduled at 2:00 p.m. and Lamotrigine 100 mg (anticonvulsant) 1 by mouth 4 times a day scheduled at 12:00 p.m. These oral medications were given at 1:20 p.m.<br><br>Resident #31's record was reviewed on 9/20/11 at 1:00 p.m. The resident's diagnoses included, but were not limited to, epilepsy, hydrocephalus, and seizures.<br>The physician's order, dated 6/09/10, was Hydralazine 25 mg take 1 tablet by mouth 3 times daily and was scheduled for 6 a.m., 2 p.m., and 10 p.m.<br>The physician's order, dated 6/21/10, was Lamotrigine 100 mg take 1 tablet by mouth 4 times daily and was scheduled for 8 a.m., 12 p.m., 4 p.m., and 8 p.m.<br><br>The "Geriatric Dosage Handbook - 12th Edition" indicated Lamotrigine, an anticonvulsant, was to be taken exactly as directed per patient information.<br><br>2. On 9/19/11 from 4:30 p.m. to 4:45 p.m., medication pass was observed. LPN #5 was observed to prepare and | | the proper time spacing for inhalers but the resident did not have any adverse and/or side effects from this administration. Resident #18 also received her Novolog insulin per physician orders without any adverse and/or hypo/hyperglycemic effects/reactions from the medications being given more that 10 minutes before the meal was served.Resident #19 received oral inhalant medications of Advair 250-50 diskus 1 puff two times a day (8AM & 4PM) and Ventolin 90mcg 2 puffs 4 times per day (6AM, 10AM, 6PM & 10PM). They did not rinse the mouth after oral inhaler medications and wait appropriate time frame between doses. The resident had no adverse reactions and/or side effects from the medications being administered without rinsing or waiting the appropriate time frame between puffs. The resident also received their Novolog insulin per physician orders without any adverse and/or hypo/hyperglycemic effects/reactions from the medication being given more than 10 minutes before the meal was served.Resident #37 received their Flonase 50mcg 2 sprays in each nostril every day without blockage of the nostril or instructed on taking a deep breath after the medication was administered without any adverse and/or effects from this | |

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| | administer Resident #18's medications. These medications included, Ventolin inhaler 90 micrograms (mcg) (bronchodilator) 2 puffs 4 times a day (scheduled for 6:00 p.m.), Advair Diskus 250-50 mg (chronic obstructive pulmonary disease) 1 puff 2 times a day (scheduled for 4:00 p.m.), and Novolog (Diabetic Mellitus) 100 units (u) per milliliter (ml) give 6 u three times a day with meals and include sliding scale coverage as indicated. The resident's accu-check result was 339 requiring 8 units of Novolog insulin. A total of 14 u of Novolog insulin was prepared. After the resident took her oral medications, LPN #5 was observed to administer the resident's Advair 1 puff followed immediately by the Ventolin inhaler with the 2 puffs given consecutively. No rinsing of the mouth was observed after the administration of the respiratory inhalers. Next, the resident's Novolog insulin totaling 14 units was administered subcutaneously in her right mid-lower abdomen at 4:45 p.m. At this same time during an interview, LPN #5 indicated she maybe should have waited 5 minutes between 2 puffs of respiratory medications. On this same date Resident #18's room tray was also observed to be delivered to the resident at 5:25 p.m.<br><br>Resident #19's record was reviewed on | | process.IDENTIFICATION: Residents that do not have their medications administered appropriately per manufacturer's recommendations and/or facility policy have the potential to be placed at risk for this alleged deficient practice. Licensed nursing staff have been in-serviced on the appropriate administration of oral inhalant type medications, including the rinsing of the resident's mouth and the mouthpiece use, timeframe administration of Novolog insulin with regard to meal services and the administration of certain types of inhaled nasal medications. SYSTEM CHANGE: Residents receiving Novolog insulin will receive their injections within 10 minutes of meal service or will receive a snack to compensate for the potential issue of hypoglycemic reaction. Residents receiving oral inhalant medications and oral inhaled nasal medication will receive them according to manufacturer's directions.MONITORING: At least 2 licensed nursing staff will be randomly selected to have medication pass observation completed weekly for monthly by the Consultant Pharmacist for the next 3 months and monthly for the next 6 months. A report of identified issues will be given to the Director of Nursing and Administrator for follow-up. Three licensed staff members on | |

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| | 9/20/11 at 10:30 a.m. The resident's diagnoses included, but were not limited to, Diabetic Mellitus and chronic obstructive pulmonary disease.<br>The physician order, dated 7/14/10, was Advair 250-50 diskus inhale 1 puff by mouth 2 times a day and was scheduled at 8 a.m. and 4 p.m. The resident's mouth was to be rinsed out after each use.<br>The physician order, dated 7/14/10, was Ventolin 90 mcg inhale 2 puffs by mouth 4 times a day and was scheduled at 6 a.m., 10 a.m., 6 p.m., and 10 p.m.<br>The physician order, dated 12/22/10, was Novolog 100 u/ml inject 6 u subcutaneously 3 times daily with meals and was scheduled for 8 a.m., 12 p.m., and 4 p.m.<br>The physician order, dated 12/22/10, was Novolog 100 u/ml inject subcutaneously per sliding scale and was scheduled for 8 a.m., 12 p.m., and 4 p.m. The accuchecks were before meals and at hour of sleep. The sliding scale was blood sugar readings with coverage as follows: 0-150 = 0 u; 151-200 = 2 u; 201-250 = 4u; 251-300 = 6 u; 301-350 = 8 u; 351-400 = 10 u; 401-450 = 12 u.<br><br>The "MEAL SERVICE" times were provided by the Administrator on 9/19/11 at 11 a.m. This current schedule indicated dinner was served to the residents rooms starting at 5:15 p.m. | | various shifts will have a medication pass audit completed by the Director of Nursing and/or designee completed weekly for the next 3 weeks,monthly every 3 months and then quarterly every 3rd quarter thereafter. Any identified trends from the 2 different medication pass observation, pharmacist, and nursing, will be brought to the QAA committee meetings held on a quarterly basis for follow-up recommendations and/or resolution of matters. | |

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The "Nursing 2011 Drug Handbook" was provided by the House Supervisor as the nursing staff's source concerning medication information on 9/20/11 at 9 a.m. This current source indicated the following:

Advair: Patient teaching: After administration, have the patient rinse their mouth without swallowing to prevent oral candidiasis (yeast infection). Instruct on proper use of prescribed inhaler to provide effective treatment.

Ventolin: Administration: If more than 1 inhalation is ordered, wait at least 2 minutes between inhalations. Patient teaching: Instruct to breathe out, expelling as much air from lungs as possible, place mouthpiece well into mouth, seal lips around mouthpiece, and inhale deeply as the dose of medication is released from the inhaler. Hold breathe for several seconds, remove mouthpiece and exhale slowly. If more than 1 inhalation, wait at least 2 minutes before repeating procedure.

Novolog: Administration: For subcutaneous injection, give Novolog 5 to 10 minutes before the start of the meal.

The Advair insert information indicated

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| | the following:<br>"...3. INHALE<br>Before inhaling your dose from the DISKUS, breathe out (exhale) fully while holding the DISKUS level and away from you mouth....<br>Put the mouth piece to your lips...Breathe in quickly and deeply through the DISKUS. Do not breathe in through your nose.<br>Remove the DISKUS from your mouth. Hold your breath for about 10 seconds, or for as long as is comfortable. Breathe out slowly.<br>The DISKUS delivers your dose of medicine as a very fine powder. Most patients can taste or feel the powder....."<br><br>3. On 9/20/11 from 8:20 a.m. to 8:40 a.m., medication pass was observed. LPN #1 was observed to prepare Resident #37's medications. These medications included, but were not limited to, Fluticosone (Flonase) (anti-inflammatory) 50 microgram spray 2 sprays in each nostril every day. LPN #1 was observed to administer 2 sprays of Fluticosone consecutively to each nostril. No blockage of the nostril side not receiving the medication was observed. After the medication was given, the resident was instructed to take a deep breath.<br><br>Resident #37's record was reviewed on | | | |

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| | 155064 | A. BUILDING 00<br>B. WING | 09/22/2011 |

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| | 9/21/11 at 8:50 a.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease. The physician's order, dated 10/12/09, was Fluticasone 0.05% nasal spray 2 sprays in each side of nose every morning and was scheduled at 8 a.m.<br><br>The "Nursing 2011 Drug Handbook" was provided by the House Supervisor as the nursing staff's source concerning medication information on 9/20/11 at 9 a.m. This current source indicated the following:<br><br>Flonase: Patient teaching: Instruct to rinse his mouth and spit water out.<br><br>The "Flonase" information was provided by the Director of Nursing on 9/22/11 at 8:21 a.m. This current information indicated the following:<br><br>"...USING THE SPRAY<br>...4. Close one nostril. Tilt your head forward slightly and, keeping the bottle upright, carefully insert the nasal applicator into the other nostril....<br>5. Start to breathe in through your nose, and WHILE BREATHING IN press firmly and quickly down once on the applicator to release the spray...Breathe gently inwards through the nostril...<br>6. Breathe out through your mouth. | | | |

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| | 7. If a second spray is required in that nostril, repeat steps 4 through 6.<br>8. Repeat steps 4 through 7 in the other nostril....."<br><br>4. The "General Dose Preparation and Medication Administration" policy was provided by Administrator on 9/21/11 at 10:15 a.m. This current policy indicated the following:<br><br>"...PROCEDURE<br><br>...2. Dose Preparation:<br><br>...2.3 Nursing Center staff should not touch the medication when opening a bottle or unit dose package.<br><br>...3. Prior to Medication Administration:<br><br>3.1 Nursing Center staff should verify each time a medication is administered that it is the correct drug, at the correct dose, the correct route, and the correct rate, at the correct time,...<br><br>...4. Medication Administration<br><br>...4.1.4 Administer medications within time frames...<br>...4.1.7 Provide resident with any necessary instructions (e.g., using an inhaler)...." | | | |

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| | 3.1-25(b)(9)<br>3.1-48(c)(1) | | | |
| F0441<br>SS=E | The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections in the facility;<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.<br>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.<br><br>(c) Linens<br>Personnel must handle, store, process and transport linens so as to prevent the spread of infection. | | | |

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| | Based on observations, record review, and interviews, the facility failed to ensure effective infection control practices, related to equipment use, medication preparation, and handwashing, were implemented which included personal care for 1 of 5 residents observed (Resident #39), 1 of 1 dressing change utilizing scissors observed (Resident #12), opened pudding containers on medication carts for 3 of 3 halls observed during medication pass observations, and handwashing, medication handling, and equipment handling during medication pass observation for 6 of 13 residents observed during medication pass (Resident #'s 7, 18, 34, 19,13, and 17).<br><br>Findings include:<br><br>1. On 9/19/11 from 11:50 a.m., medication pass was observed. The west hall medication cart was observed with an open undated container of vanilla pudding on top of the medication cart. RN #2 was observed to prepare her glucometer supplies and proceeded to Resident #13's room to complete an accucheck.<br><br>2. On 9/19/11 from 12:00 p.m. to 12:10 p.m., medication pass was observed. After LPN #3 administered Resident #19's eye drops, she removed her gloves and left the room. Next, LPN #3 was | F0441 | CORRECTIVE ACTION: 1. Food products on the medication cart were disposed of and new food products were placed on the medication cart. Resident #35, #18, did not have any adverse effects from the lack of hand washing and /or sanitizer used by the LPN #3 during the accu check procedure.Resident # 7,13,18,34,35 did not have any adverse effects from the lack of proper technique for turning off the faucet after hand washing. Resident # 12 had no adverse effects from the inappropriate use of scissors during the dressing change that was not cleaned utilizing the correct procedure. IDENTIFICATION: No resident an/or licensed staff member was noted to receive any adverse effects from the inappropriate hand-washing procedure and time needed to complete proper hand-washing. SYSTEM CHANGE: An audit tool has been developed to assess proper hand washing, glove use, cleaning of scissors or other dressing change supplies.MONITORING: Licensed staff for all three shifts will be observed while completing the task of hand washing, glove use and dressing change supplies being used. These procedures will be reviewed weekly for 3 weeks, monthly for three months and quarterly for three quarters. If any trends are identiifed they will be reviewed by the QAA | 10/05/2011 |

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| | observed to prepare Resident #35's oral medication by obtaining Alprazolam (anti-anxiety) from the narcotic locked box and placing it in a medication cup. Handgel was then used by LPN #3 as she obtained accucheck supplies, dropped the Lancet, picked it up off of the floor, disposed of it at the medication cart, and obtained a new one. She then proceeded to the resident's room and administered her medication to her. Next, she donned a pair of gloves, completed the accu-check, removed her gloves. No handwashing/handgel use was observed as she returned to her medication cart where she was observed to enter Room 112, talking with the resident and visitors present in the room.<br><br>3. On 9/19/11 at 1:14 p.m., medication pass was observed on the southwest hall. An opened, undated chocolate pudding was observed on the top of the medication cart.<br><br>4. On 9/19/11 at 3:55 p.m., medication pass was observed on the southwest hall. After RN #4 was observed to complete Resident #13's accucheck, she was observed to handwash, turn the water off with her wet hand, and then, dried her hands. She indicated she would need to repeat the accucheck due to no blood sugar results were obtained. She then | | Committee for further recommendations and/or resolution. | |

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| | assisted Resident #17, who was in her wheelchair and was caught in the room's doorway, back into the hallway. She again was observed to handwash, turn the water off with her wet hand, and then dried her hands. She then completed Resident #13's second accu-check and returned to her medication cart.<br><br>On 9/19/11 at 4:25 p.m. during an interview, RN #4 indicated one should handwash, rinse her hands off, and then pat dry her hands and turn the water off with towels.<br><br>5. On 9/19/11 at 4:39 p.m., Resident #18's accu-check was observed. After completing the accucheck with ungloved hands, LPN #5 was observed to handwash for less than 10 seconds. At this same time during an interview, LPN #5 indicated one should handwash for 20 seconds or the time it takes to say one's ABC's.<br><br>6. On 9/19/11 from 4:30 p.m. to 4:45 p.m., medication pass was observed on the southwest hall. After LPN #5 prepared and administered Resident #34's oral medications, she was observed to handwash for less than 10 seconds. Next, she returned to her medication cart where an opened, undated pudding was observed on top of the medication cart. After | | | |

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| | preparing Resident #18's medications, she proceeded to administer her oral medications, followed by her respiratory inhalers with ungloved hands, and lastly, her subcutaneously insulin with gloved hands in her lower abdomen. She handwashed for less than 10 seconds. At this same time during an interview, LPN #5 indicated she should have used gloves when administering the resident's respiratory medications.<br><br>7. On 9/19/11 at 4:50 p.m., Resident #7's accu-check was observed. After LPN #6 completed the accucheck, she was observed to clean the glucometer with an alcohol swab and place it in the medication cart drawer. At this same time during an interview, LPN #6 indicated she would clean the glucometers after use with alcohol swabs due to she carried them with her. She also indicated she would always clean the glucometer with a disinfectant at the end of her shift.<br><br>On 9/19/11 at 5:55 p.m. during an interview, the Director of Nursing indicated the glucometers should be cleaned after each use with the disinfectant wipes provided by the company in the medication carts.<br><br>8. On 9/20/11 from 8:20 a.m. to 8:40 a.m., medication pass was observed on the | | | |

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| | east hall. A container of chocolate pudding was observed open on top of the medication cart and was dated 9/20.<br><br>9. On 9/20/11 from 10:05 a.m. to 10:20 a.m., Resident #39's personal care was observed. During this personal care, CNA #7 with gloved hands was observed to reposition the Foley catheter tubing, removed the damp incontinent pad (chux), and repositioned the resident in her bed. Next, CNA #7 was observed to handwash for less than 10 seconds, turn the water off with her wet hand, and dried her hands.<br><br>10. On 9/20/11 from 10:45 a.m. to 10:55 a.m., Resident #12's left upper arm's dressing change was observed. After RN #2 prepared her supplies, she was observed to cut the soiled dressing off with scissors obtained from her uniform pocket. No cleansing of the scissors was observed as the scissors were placed on the bedside table. After cleansing the wound, RN #2 with the same scissors cut the Telfa dressing in half, placed the prescribed ointment on this half dressing, and placed it over the wounds. The second half piece was also placed on the lower half of the wound area. She then wrapped the arm with gauze utilizing the same scissors to cut the gauze. The dressing was then taped and dated. No cleansing of the scissors was observed as | | | |

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| | RN #2 returned to the nurse's station as she returned her scissors to her uniform pocket.<br><br>On 9/20/11 at 12:45 p.m. during an interview, RN #2 indicated she would clean her scissors at the end of the treatment and kept her scissors in a separate pocket of her uniform.<br><br>11. The "GERIATRIC MEDICATION HANDBOOK Eighth Edition" indicated the following:<br><br>"Infection control<br>There is potential for the medication nurse to transmit infection while moving from one patient to the next during medication passes. Hands should be either washed with antimicrobial soap or rubbed with an approved alcohol-based gel both before and after the administration of medications or treatment to residents. ...Other infection control procedures should include keeping applesauce and liquids on top of the medicine cart covered....Tablets and capsules should not be poured into the nurse's hand or touched during the medicine pass. The nurse should wear gloves when cutting tablets in half or touching them for any other reason....<br><br>...Steps of Medication Administration | | | |

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...* Accurate medication administration (i.e., right drug, right patient, right dose and dosage form, right time)
* Accurate and appropriate administration technique (i.e., ...inhalers)...."

The "USE OF GLOVES" policy was provided by the Administrator on 9/21/11 at 10:15 a.m. This current policy indicated the following:

"..."PROCEDURAL GUIDELINES:

Non-sterile Gloves

...5. Was hands after removing gloves. GLOVES DO NOT REPLACE HANDWASHING....."

The "HANDWASHING" policy was provided by the Administrator on 9.21.11 at 10:15 a.m. This current policy indicated the following:

"STANDARD:

The facility will provide guidelines and approved supplies to all employees for proper and appropriate handwashing techniques that will aid in the prevention of the transmission of infections.

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| | PROCEDURAL GUIDELINES:<br><br>...4. The use of gloves does not replace handwashing.<br><br>When to Wash Hands<br><br>4. Before preparing or handling medications.<br><br>...6. After handling used dressings, specimen containers, contaminated tissues, linen, ect.<br><br>7. After contact with blood, body fluids, secretions, excretions, mucous membranes, or broken skin.<br><br>8. After handling items potentially contaminated with a resident's blood, body fluids, excretions, or secretions.<br><br>9. After removing gloves.<br><br>...Handwashing Procedure<br><br>1. Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for ten (10) to fifteen (15) seconds...<br><br>2. Rinse hands thoroughly under running water.... | | | |

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| | 3. Dry hands thoroughly with paper towels and then turn off faucets with a clean, dry paper towel.<br><br>4. Discard towels into trash....."<br><br>3.1-18(l) | | | |
| F0460 SS=D | Bedrooms must be designed or equipped to assure full visual privacy for each resident.<br><br>In facilities initially certified after March 31, 1992, except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains.<br>Bases on observation and interview, the facility failed to ensure privacy curtains were present and functional in 1 of 2 shower rooms and 1 of 5 resident room observed. (Resident # 43)<br><br>Findings include:<br><br>During a personal care observation on 9/19/11 at 12:50 p.m., the privacy curtain at the foot of Resident # 43's bed had three hooks hanging off the rack and would not pull to enclose the resident's bed for full privacy. During the environmental tour on 9/20/11 at 12:50 p.m., the Maintenance and Housekeeping Director indicated the curtain would not | F0460 | CORRECTIVE ACTION : The Privacy Curtain has been installed in the Redbud Lane shower room. IDENTIFICATION: All residents have the potential to be affected by this deficient practice for not assuring privacy.SYSTEM CHANGE: A review of the facility was done. The use of privacy curtains was completed for the entire facility. MONITORING: The housekeeper assigned to the respective hall shall have the initial responsibility of completing a work order for any privacy curtain or window curtain that may be missing or not hung appropriately. They will turn the work order in the Evironmental Services Department. The EVS will be responsible to address any | 10/05/2011 |

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| | pull and released a hook that was stuck in the ceiling rack.<br><br>During the environmental tour on 9/20/11 at 12:50 p.m., with the Maintenance and Housekeeping Director, the Red Bud Lane shower room did not have a privacy curtain to provide privacy for the toilet area. If the door to the shower room was opened the toilet was in full view.<br><br>3.1-19(l)(7)<br>3.1-19(n) | | area identified and assure areas addressed are properly rectified. Any trends identifed will be forwarded to the facility QAA Committee for further recommendations or resolution. Audits will be completed weekly for three weeks , monthly for three months and quarterly for three quarters. | |